



City of Cañon City

APPLICATION FOR SPECIAL REVIEW

Office of
Planning & Zoning

DATE: _____

NAME AND ADDRESS OF APPLICANT: _____

PHONE: _____

NAME AND ADDRESS OF OWNER: _____

PHONE: _____

PROPERTY ADDRESS: _____

LEGAL DESCRIPTION: _____

PRESENT ZONING: _____

REQUESTED USE: _____

BRIEF SUMMARY OF REQUEST: _____

SIGNATURE OF OWNER: _____

SIGNATURE OF APPLICANT: _____

DOCUMENTS TO ACCOMPANY APPLICATION:

- SITE PLAN
- DEVELOPMENT TIME SCHEDULE
- INFORMATION ABOUT ABUTTING PROPERTY
- INFORMATION IN SUPPORT OF REQUEST
- LIST OF OWNERS ABUTTING AND WITHIN 300 FEET
- \$200 APPLICATION FEE PAID: ____/____/____

ALL PUBLICATION FEES WILL BE BILLED DIRECTLY TO THE APPLICANT